SUBMISSION ID:
 1011272
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

Ashley, OH 43003

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

PARAMETER CODE	Spray 50045 inches/day When Disch. Total
CODE	inches/day When Disch.
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2020-11-26 2020-11-27 2020-11-28 2020-11-29 2020-11-30 Minimum	.
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2020-11-28 2020-11-29 2020-11-30 Minimum	-
2020-11-29 2020-11-30 Minimum	1
Minimum	
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Average	
Count	
	Submission
Official or Authorized have personally examined and am Authorized Representative	Date/Time
Representative familiar with the information	
submitted herein and based on my	50000550000000000000000000000000000000
inquiry of those individuals	
immediately responsible for obtaining	Certification
the information. I believe the	
Jeffrey submitted information is true, accurate	Version Date
Williamson and complete. I am aware that there	Version Date
are significant penalties for submitting false information, including the possibility of fine and imprisonment.	

Page 1

SUBMISSION ID:1011272STATUS:OriginalFACILITY:H2-Oh-YeahPERMIT NUMBER:4MP00028*AMLOCATION:2134 C.R. 224STATION CODE:401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

PARAMETER	Flow Rat	e						
PARAMETER CODE	50050							
UNITS	MGD							
FREQUENCY	When Disc	ch.						
SAMPLING TYPE	24hr Tot Estimate							
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Name of Responsible I certify under the penalty of law that I Official or Authorized have personally examined and am familiar with the information submitted herein and based on my			ized Represent		Date/Time			
Jeffrey Williamson inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						Certification Version Date 2020-12- 28 13:12		

Page 2

 SUBMISSION ID:
 1011272
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	.aaaaaaaaaaaagaaaaaaaaaaaaaaaaaaaaaaaa
SAMPLING							
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	horized _{have p} ative _{famili}	nalty of law that ined and am rmation based on my	I Signature of Author	of Responsible rized Represent	Official or ative	Submission Date/Time	
Jeffre William	inquir immed the ind submi submi and co are sig false i		ce l			Certification Version Date 2020-12- 28 13:12	

Page 3

 SUBMISSION ID:
 1011272
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

				N	D DISCHARGE II	NDICATOR:	AL	
PARAMETER	Flow Rat	e e						
PARAMETER CODE	50050							
UNITS	MGD							
FREQUENCY	When Dis	ch.						
SAMPLING	24hr Tot							
TYPE	Estimate							
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Name of Responsible I certify under the penalty of law that I Official or Authorized Representative familiar with the information submitted herein and based on my				It I Signature of Responsible Official or Sub Authorized Representative Date			Submission Date/Time	
Jeffrey Williamson Williamso				e			Certification Version Date 2020-12- 28 13:12	

Page 4

 SUBMISSION ID:
 1011272
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			IA	O DISCHARGE I	NDICATOR.	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	aaaaaaaaaaaag]aaaaaaaaaaaaaaaaaaaaaaaa
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
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2020-11-08				8			
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Official or Authorized have personally examined and familiar with the information				1			
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Page 5

 SUBMISSION ID:
 1011272
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

ANALYST:

NO DISCHARGE INDICATOR:

2020-11-01 To: 2020-11-30

AL

PARAMETER	Flow Rat	e							
PARAMETER CODE	50050								
UNITS	MGD								
FREQUENCY	When Dis	ch.							
SAMPLING	24hr Tot								
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Official or Aut	norized ha	ve pe	ersonally exam	ined and am	Autho	orized Represei	ntative	Date/Time	
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Page 6

 SUBMISSION ID:
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 FACILITY:
 H2-Oh-Yeah
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 LOCATION:
 2134 C.R. 224
 STA

Ashley, OH 43003

COUNTY: Morrow DISTRICT: CDO

STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD:

REPORTING LAB:

ANALYST:

Original 4MP00028*AM

602

2020-11-01 To: 2020-11-30

Cherly Rex Cherly Rex

NO DISCHARGE INDICATOR:

			N	O DISCHARGE II	NDICATOR:		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	e Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1/2 Weeks	1 / 2 Weeks	1/2 Weel	cs 1/2 Weeks
SAMPLING						24hr Tota	al
TYPE	Grab	Grab	Grab	Grab	Grab	Estimate	Grab
2020-11-01							
2020-11-02	.6090	.9500	AA5.0	17.7600	.1908	AA5.0	.5180
2020-11-03							
2020-11-04		***************************************					
2020-11-05							
2020-11-06							
2020-11-07							
2020-11-08							
2020-11-09	.5560	.5760					
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2020-11-11 2020-11-12							
2020-11-12							
2020-11-13							
2020-11-15		***************************************					
2020-11-16	.5880	.475	AA5.0	18.7900	.0026	AA5.0	.5600
2020-11-17		147.0	7,7,010	2017500		717010	15000
2020-11-18							
2020-11-19							
2020-11-20							
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2020-11-22							
2020-11-23	.5793	.8926					
2020-11-24							
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	2552	A 475		17.76	0.0000		0.530
Minimum	0.556	0.475	0.0	17.76	0.0026	0.0	0.518
Maximum	0.609	0.95	0.0	18.79	0.1908	0.0	0.56
Average	0.58308	0.7234	0	18.275	0.0967	0	0.539 2
Count	4	~~	L		2	2	
Name of Responsible I certify under the penalty of law that I Official or Authorized have personally examined and am familiar with the information submitted herein and based on my					f Responsible (ized Represent		Submission Date/Time
Jeffrey Williamson inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the				е			Certification Version Date 2020-12- 28 13:12
	Innegini	med or time and	imprisonment.	8	***************************************		

Page 7

 SUBMISSION ID:
 1011272
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:Cherly RexDISTRICT:CDOANALYST:Cherly Rex

NO DISCHARGE INDICATOR:

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitroger Inorgani Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1/2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING	A / A WEEKS	I / E MCCKS	A) Profitti	Z) Piolitii	Z)MOREII	Z/PIOIILI	
TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-11-01							
2020-11-02	25.2480	2	7.82	AA5.0	.0430	AA5.0	
2020-11-03		***************************************					
2020-11-04				<u> </u>			
2020-11-05		***************************************		§			
2020-11-06							
2020-11-07							
2020-11-08							
2020-11-09							
2020-11-10							
2020-11-11							
2020-11-12							
2020-11-13							
2020-11-14							
2020-11-15							
2020-11-16	25.5590	2					
2020-11-17							
2020-11-18							
2020-11-19							
2020-11-20							
2020-11-21							
2020-11-22							
2020-11-23							
2020-11-24							
2020-11-25							
2020-11-26							
2020-11-27							
2020-11-28							
2020-11-29	***************************************	***************************************		***************************************			
2020-11-30							
Minimum	25.248	2.0	7.82	0.0	0.043	0.0	
Maximum	25.559	2.0	7.82	0.0	0.043	0.0	***************************************
Average	25.4035	2		0	0.043	00	
Count	2	2	1	1	1	1	
Name of Responding Official or Auti Representa	horized _{have po} tive _{familia}	nalty of law that ined and am mation based on my	I Signature of Responsible Official or Authorized Representative			Submission Date/Time	
Jeffre Williams	inquiry immed the info submit and cor are sign false in	of those indivi iately responsil ormation, I beli ted information mplete. I am aw	iduals ble for obtaining eve the is true, accurat vare that there es for submittin uding the	ce			Certification Version Date 2020-12- 28 13:12

Page 8

FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028*AM

2020-11-01 To: 2020-11-30

Ashley, OH 43003

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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